



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

TEXAS HEALTH SYSTEMS DALLAS
3255 W. PIONEER PKWY
ARLINGTON, TX 76013

Respondent Name

TEXAS MUTUAL INSURANCE CO

Carrier's Austin Representative Box

Box Number 54

MFDR Tracking Number

M4-10-3861-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The patient, Jacobo Jimenez, initially had the hospital bill his group insurance, United Healthcare. They paid the bill on 12/01/09 at \$9,061.22 and the co-pay for the patient was \$2500.00. It was not until the patient received notice that he owed the co-insurance amount, that he advised the hospital on 01/25/2010 that this was workers compensation and should be billed to Texas Mutual Insurance. The hospital then billed Texas Mutual on 01/28/10 and by certified mail on 02/01/10. Per the Texas Administrative Code, title 28, Part 2, Chapter 133, Subchapter B, Rule 133.20 on medical bill submission by health care provider, the hospital did bill the correct carrier within 95 days after being notified that the original bill was sent erroneously to United Healthcare. Therefore the claim was received timely and well within the 95 days."

Amount in Dispute: \$8,637.25

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Texas Mutual's issue with requestor is (a) it has not provided any objective proof to verify its allegation of timely bill submission and (b) it has not shown it refunded the United Healthcare payment. Until the requestor addresses those two issues Texas Mutual's position, communicated through its EOBs, remains unchanged."

Response Submitted by: Texas Mutual Insurance Co., 6210 E. Hwy 290, Austin, TX 78723

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 14, 2009	25645, 25628, 25645, 11044	\$8,637.25	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated March 1, 2010

- CAC-29- The time limit for filing has expired.
- 731- 134.801 & 133.20 provider shall not submit a medical bill later than the 95th day after the date of service, for service on or after 9/1/05.

Explanation of benefits dated April 7, 2010

- CAC-B5- Coverage/Program guidelines were not met or were exceeded..
- CAC-29- The time limit for filing has expired.
- 724-No additional payment after reconsideration. Network contract applied by Texas Star Network.
- 731- Per 133.20 Provider shall not submit a medical bill later than the 95th day after the date the service, [sic] for services on or after 9/1/05.

Issues

1. What is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Did the requestor forfeit the right to reimbursement for the services in dispute?

Findings

1. 28 Texas Administrative Code §133.20(b) states, in pertinent part, that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." Although the requestor did provide documentation to support that they erroneously billed United Healthcare Insurance within 95 days from the date after services were provided, no documentation was found to support as to when the requestor was notified of their erroneous submission of the claim per §408.0272 (c). Therefore, the Division is unable to determine if the bill was submitted to the correct insurance within 95 days from the date the provider was notified of the provider's erroneous submission of the claim.
2. Texas Labor Code §408.027(c) states, "Notwithstanding Subsection (b), a healthcare provider who erroneously submits a claim for payment to an entity described by Subdivision (1) of that subsection forfeits the provider's right to reimbursement for that claim if the provider fails to submit the claim to the correct workers' compensation insurance carrier within 95 days after the date the provider is notified of the provider's erroneous submission of the claim." Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." 28 Texas Administrative Code §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday." Review of the submitted information finds no documentation to support that a medical bill was submitted within 95 days to the correct insurance carrier from the date the provider was notified of the provider's erroneous submission of the claim. Therefore, pursuant to Texas Labor Code §408.0272(c), the requestor in this medical fee dispute has forfeited the right to reimbursement for the services in dispute.

Conclusion

For the reasons stated above, the division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Authorized Signature

_____	_____	06/05/2012
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.